

PART B - FEE(S) TRANSMITTAL

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34431 7550 11/03/2009

HANLEY, FLIGHT & ZIMMERMAN, LLC
150 S. WACKER DRIVE
SUITE 2100
CHICAGO, IL 60606

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Joseph T. Jasper	(Depositor's name)
/Joseph T. Jasper/	(Signature)
January 19, 2010	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/815,395	04/01/2004	Marcus Braun	04265398	7589

TITLE OF INVENTION: SURGICAL INSTRUMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$1400	\$1510	02/03/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
PEPFLEY, MICHAEL F		3739	606-001000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, name will be printed.

Hanley, Flight & Zimmerman, LLC

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Tuebingen Scientific Surgical Products, GmbH

Tuebingen/Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) **YES**

Electronic Funds Transfer
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 The Director is hereby authorized to charge \$110.00 and any deficiency, or credit any overpayment, to Deposit Account Number **50-2455** (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Joseph T. Jasper/

Date January 19, 2010

Typed or printed name Joseph T. Jasper

Registration No. 50,833

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